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CONFIRMATION NO. 9265

<b>SERIAL NUMBER</b> 10/579,966	<b>FILING OR 371(c) DATE</b> 05/23/2006 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> 2503-1217	
<b>APPLICANTS</b> Ezio Bombardelli, Gropello Cairoli, ITALY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/12608 11/08/2004 <b>** FOREIGN APPLICATIONS *****</b> ITALY MI2003A002286 11/24/2003 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/21/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 466					
<b>TITLE</b> Compositions for the treatment of atopic dermatitis, skin allergic conditions and acne					
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		